

REMARKS

Applicants respectfully request reconsideration. Claims 1-29 were previously pending in this application. Claims 4, 5, 27, and 28 have been cancelled. Claims 1, 6-24, and 29 have been withdrawn from consideration. As a result, claims 2, 3, 25, and 26 are pending for examination with claims 2 and 3 being independent claims. No new matter has been added.

Rejections Under 35 U.S.C. §102

The Examiner rejected claims 2, 3, 5, 25, 26, and 28 under 35 U.S.C. §102(b) as being anticipated by Neale et al., (Meeting abstract Am J. Obs & Gyn 2001;185(6-s1) page S83, 22nd Annual Meeting of the Society for Maternal-Fetal Medicine). Applicants respectfully traverse the rejection. Claims 5 and 28 have been cancelled.

The Examiner states at page 2 of the Office Action mailed December 21, 2006 that Neale et al. teach a method for determining if a pregnant woman is at risk of developing preeclampsia. Neale et al. describes an experiment to ascertain whether a pregnant woman has preeclampsia. However, Neale et al. does not describe a method for determining risk of preeclampsia. The Neale et al. abstract discloses an experiment in which human trophoblast cells were cultured in the presence of anti-Fas antibodies and serum from women with preeclampsia. The viability of the cultured cells was compared to the viability of a culture of human trophoblast cells that had been cultured in the presence of anti-Fas antibodies and serum from normotensive controls. Contrary to the Examiner's contention, the abstract does not teach contacting human trophoblast cells with serum from a pregnant woman to be assessed for risk of developing preeclampsia.

The subjects described the Neale et al. abstract were women with preeclampsia and normotensive controls. The abstract does not disclose assaying serum from subjects who were pregnant and not preeclamptic and does not suggest that this might be useful to assess their risk of developing preeclampsia. The abstract does not teach that viability of trophoblasts grown in the presence of serum from a pregnant non-preeclamptic woman can be used to predict whether or not the woman will subsequently develop preeclampsia, and thus, is at risk of developing preeclampsia. A woman at risk of preeclampsia may be normotensive and the abstract does not teach or even

suggest an assay to distinguish a normotensive woman who is at risk of developing preeclampsia from a normotensive woman is not at risk of developing preeclampsia.

The experiment described in the Neale et al. abstract merely indicates that serum from women who have been diagnosed with preeclampsia differs from normal, non-hypertensive women, and that this difference can be used to identify whether or not a woman already has preeclampsia. The abstract does not suggest any predictive value of the assay with respect to pregnant subjects who do not have preeclampsia at the time of testing, but who subsequently develop preeclampsia. As stated in the final line of the abstract, the “assay may be the first steps in the development of a screen test for those patient at high risk for preeclampsia.” The abstract does not disclose such an assay and therefore it cannot teach how one would use such an assay to assess whether or not a pregnant woman is at risk for developing preeclampsia.

The Neale et al. abstract does not teach each element of the claims and, therefore, does not anticipate the invention as claimed. Accordingly, withdrawal of the rejection of claims 2, 3, 25, and 26 under 35 U.S.C. §102(b) as being anticipated by Neale et al., is respectfully requested.

CONCLUSION

A Notice of Allowance is respectfully requested. The Examiner is requested to call the undersigned at the telephone number listed below if this communication does not place the case in condition for allowance.

If this response is not considered timely filed and if a request for an extension of time is otherwise absent, Applicant hereby requests any necessary extension of time. If there is a fee occasioned by this response, including an extension fee that is not covered by an enclosed check, please charge any deficiency to Deposit Account No. 23/2825.

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Respectfully submitted,

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